



WHATCOM COUNTY HEALTH DEPARTMENT

WATER RECREATION FACILITY APPLICATION

509 Girard Street
Bellingham, WA 98225
Telephone: 360-778-6000
Fax: 360-778-6001

Fees (Plan Review - \$353.29) + (Base Fee - \$431.57) + (Each pool/spa x \$189.52) = TOTAL DUE

- Facility Application options: New Facility Application, Change of Ownership, Remodel Application, Information Update Only

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Facility Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

- TYPE OF OWNERSHIP: Individual, Corporation, Partnership, LLC

Business Owner Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Accounts Payable information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

On Site Manager Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Certified Pool Operator: Yes No

Water Recreation Facility Type: (check all that apply)

- Swimming Pool, Spa/Hot Tub, Wave Pool, Wading Pool, Spray Pool

Water Recreation Facility Information:

Water Source:

- Individual Private Well, Municipal Public Water

Public Water Group A (more than 15 connections)

Public Water Group B (less than 15 service connections)

Sewage Treatment:

- Sewer District, On-site Septic System

Months of Operation: (Check one)

- All Year, Seasonal, If Seasonal: Opening Date, Closing Date

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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OFFICE USE ONLY

Date Permit Approved Permit Expiration Additional Services

Program/Element Code Next Inspection Assigned to

Facility # Account # Program #

Date: Check #:

Received By: Receipt #: